

ORIGINAL

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JAMES W. COLBERT DISTINGUISHED LECTURE

BY

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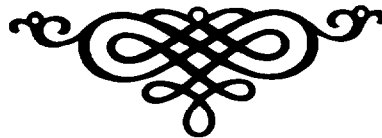
SURGEON GENERAL

U.S. PUBLIC HEALTH SERVICE

AND

DEPUTY ASSISTANT SECRETARY FOR HEALTH

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED AT THE MEDICAL UNIVERSITY OF SOUTH CAROLINA

CHARLESTON, SOUTH CAROLINA

MARCH 15, 1984

(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

I WANT TO THANK PRESIDENT EDWARDS AND THE PLANNING COMMITTEE FOR GIVING ME THE HONOR OF ADDRESSING YOU THIS AFTERNOON AS THE "COLBERT LECTURER" FOR THIS SPRING.

I HAVE A GREAT AFFECTION FOR THIS CITY AND THE STATE OF SOUTH CAROLINA. ONE OF THIS COUNTRY'S GREAT EARLY SURGEONS WAS DR. JAMES MARION SIMS, WHO PRACTICED HERE, THEN IN ALABAMA, AND LATER MOVED TO NEW YORK. HE WAS CERTAINLY ONE OF THE MOST INFLUENTIAL MEN OF MEDICINE IN THIS COUNTRY.

THIS LECTURE SERIES HONORS ANOTHER IMPORTANT SON OF SOUTH CAROLINA, DR. JAMES W. COLBERT, A PHYSICIAN WHO...IN HIS ALL-TOO-BRIEF LIFE...DEMONSTRATED BOTH A REVERENCE FOR THE PAST AND A COMMITMENT TO THE FUTURE. HE IS STILL REMEMBERED AS A BRILLIANT COLLEAGUE AT THE NATIONAL INSTITUTES OF HEALTH AND IN MY OWN OFFICE AS WELL, WHERE DR. COLBERT LABORED AS A LONG-RANGE PLANNER SOME 15 YEARS BEFORE I ARRIVED. I REGRET NEVER HAVING KNOWN HIM.

SOUTH CAROLINA HAS BEEN A GOOD HOST TO MEDICINE IN GENERAL AND, OVER THE YEARS, HAS BEEN ESPECIALLY KIND TO ME AND MY FAMILY DURING OUR VISITS HERE. I ALSO KNOW YOU ALLOW YOUR GUEST LECTURERS A GREAT DEAL OF LATITUDE, AND I'M GOING TO TAKE ADVANTAGE OF THAT. SOME QUESTIONS HAVE BEEN RATTLING ABOUT IN MY MIND FOR NEARLY THREE YEARS AND THIS MAY BE THE PERFECT TIME AND PLACE TO BRING THEM OUT INTO THE OPEN.

I AM AT LEAST PARTLY STIMULATED BY ALL THE NEWS REPORTS OF THE PRESIDENTIAL PRIMARIES. WHY DO PEOPLE WANT THE JOB OF PRESIDENT? FOR THAT MATTER, WHY DO PEOPLE WANT ANY JOB IN GOVERNMENT? WHAT DO THEY GAIN? AND WHAT DO THEY GIVE UP?

I MUST CONFESS THAT, BACK IN 1981, WHEN PRESIDENT REAGAN ASKED ME TO JOIN THE GOVERNMENT TO BE THE SURGEON GENERAL OF THE U.S. PUBLIC HEALTH SERVICE, I DID NOT GO THROUGH AS MUCH SOUL-SEARCHING AS PERHAPS I SHOULD HAVE.

I HAD READ BOOKS AND ARTICLES ABOUT -- AND BY -- PRIVATE CITIZENS WHO HAD TAKEN THEIR TURN AT PUBLIC SERVICE. BUT, I NOW REALIZE, I HADN'T REALLY ABSORBED THEIR LESSONS ALL THAT WELL. MY DECISION IN 1981 WAS NOT THE RESULT OF A CAREFULLY BALANCED ARGUMENT OF PRO AND CON. BUT IN MY OWN DEFENSE, I MUST SAY THAT IT IS RARE THAT ANYONE CAN BE ALTOGETHER RATIONAL, IF THEY ARE ASKED BY THE PRESIDENT OF THE UNITED STATES TO DO A JOB. I'M SURE AMBASSADOR HABIB LEFT YOU WITH THAT IMPRESSION. AND I KNOW THAT YOUR PRESIDENT, DR. EDWARDS, FELT EXACTLY THE SAME WAY.

BUT LET ME BE QUITE CLEAR ABOUT THIS. I LOVE EVERY MINUTE OF MY JOB. THOUGH THERE MAY BE FRUSTRATIONS, THEY ARE FAR OUTWEIGHED BY THE SATISFACTIONS OF ACHIEVEMENT. I HAVE NO REGRETS ABOUT HAVING MADE MY DECISION TO ACCEPT PRESIDENT REAGAN'S INVITATION.

IN ADDITION, MY PARTICULAR EXPERIENCE WAS SOMEWHAT SPECIAL. WHEN THE PRESIDENT NOMINATED ME FOR THE POST OF SURGEON GENERAL, I WAS NOT ONLY GOING TO BE THE OLDEST PERSON TO HOLD THE JOB -- A MATTER OF SOME CONTENTION AT THE TIME -- BUT I HAD A REPUTATION FOR HOLDING CERTAIN CONTROVERSIAL VIEWS. EXCUSE ME WHILE I CORRECT THAT. I HELD CERTAIN VIEWS WHICH OTHER PEOPLE FOUND TO BE VERY CONTROVERSIAL.

FOR ONE THING, I WAS -- AND STILL AM -- AN ADVOCATE FOR PEOPLE WHO ARE PHYSICALLY OR MENTALLY DISABLED. THEY ARE SOMETIMES CALLED "THE HANDICAPPED." THAT'S A MISTAKE. IT IS SOCIETY THAT PLACES A HANDICAP ON SOMEONE WHO IS DISABLED. SOCIETY CAN ALSO LIBERATE THEM OR HELP THEM OVERCOME THEIR DISABILITIES. BUT A DISABLED PERSON IS NOT -- IPSO FACTO -- A HANDICAPPED PERSON.

NATURALLY, AS SOMEONE HOLDING THAT POINT OF VIEW, I WAS AUTOMATICALLY PUT ON ONE SIDE OF AN ARGUMENT -- ANY ARGUMENT -- CONCERNING DISABLED PERSONS AND THEIR NEEDS AND THEIR RIGHTS. BUT I NEVER HAD MUCH OF A PROBLEM CHOOSING MY SIDE.

SOME CRITICS WERE CONVINCED THAT I WOULD THEREFORE COME TO MY JOB AS SURGEON GENERAL WITH MANY PREJUDICES AND PRE-CONCEIVED IDEAS ABOUT DISABLED PEOPLE. IN OTHER WORDS, AS THE ADVOCATE FOR THE DISABLED, I WOULD HAVE A HARD TIME BEING "FAIR," WHICH MEANT THAT I PROBABLY COULD NOT BE COUNTED ON TO IGNORE OUR DISABLED CITIZENS OR IN SOME OTHER WAY ACT AGAINST THEIR BEST INTERESTS.

WELL, MY CRITICS WERE ABSOLUTELY RIGHT. I HAVE MADE NO BONES ABOUT WANTING TO BE AN ADVOCATE FOR THE DISABLED COMMUNITY IN THIS COUNTRY. AND I WAS -- AND REMAIN -- THOROUGHLY SURPRISED AND DISTRESSED THAT SUCH A POSITION COULD BE CONSIDERED EVEN FAINTLY SUSPICIOUS.

I ALSO HAVE SOME PRE-CONCEPTIONS ABOUT THE AGED. I FIRMLY BELIEVE THAT OUR SOCIETY IS TERRIBLY GUILTY OF "AGISM." WE RESENT GROWING OLD BECAUSE GROWING OLD TURNS EVERYBODY'S HAIR THE SAME TWO COLORS: GRAY OR WHITE. AFTER SPENDING SO MUCH OF OUR YOUTHFUL YEARS MAKING OUR HAIR SOMEHOW DIFFERENT -- WHETHER BY STYLE OR BY COLOR OR BY JEWELRY -- WE WIND UP WITH HAIR JUST LIKE EVERYBODY ELSE'S.

AND WE BECOME SO PREOCCUPIED WITH THE MARKETPLACE OF YOUTH-CENTERED, ME-CENTERED GOODS AND SERVICES, THAT OLD AGE SEEMS TO BE ALMOST A DEATH-BEFORE-DEATH...A WITHDRAWAL FROM THE MAINSTREAM OF SOCIETY, PRIOR TO THE FINAL WITHDRAWAL FROM LIFE ITSELF.

I DON'T LIKE THAT. I AM DEEPLY CONCERNED THAT OUR SOCIETY CANNOT DEAL WITH THE AGING PROCESS AND WITH DEATH ITSELF IN A MATURE, SENSITIVE, COMPASSIONATE, AND REASONABLE MANNER. AND SO I HAVE DEVOTED MANY THOUSANDS OF HOURS TRYING TO MAKE MYSELF MORE SENSITIVE TO THE ISSUES AFFECTING OLDER PEOPLE AND ALSO TRYING TO SENSITIZE FRIENDS, COLLEAGUES, AND MY OWN FAMILY NOT ONLY TO THE NEEDS OF OUR SENIOR CITIZENS BUT TO THEIR POTENTIAL AS WELL.

AND IF THAT MEANT THAT I CAME TO MY JOB WITH SOME PRE-SET PRIORITIES...THAT I COULD BE COUNTED ON TO BE AN ADVOCATE FOR THE HEALTH NEEDS OF AMERICA'S AGING...THEN SO BE IT.

SINCE BECOMING THE SURGEON GENERAL I HAVE SPOKEN PUBLICLY A NUMBER OF TIMES ON A "PHILOSOPHY OF AGING." BY THAT I MEAN DEVELOPING PROPER ATTITUDES ABOUT AGING, BASED UPON INFORMED OPINIONS RATHER THAN ON MYTHS. I DON'T HAVE THE TIME TO GO INTO ANY DETAILS NOW, BUT I DO LOOK FORWARD TO THE DAY WHEN SUCH A PHILOSOPHY WILL ENABLE OUR CITIZENS IN MIDDLE LIFE TO MAKE GOOD DECISIONS ABOUT THEMSELVES AND THEIR FAMILIES -- AND ABOUT SOCIETY IN GENERAL...A SOCIETY WHOSE MEDIAN AGE IS CREEPING UPWARD GRADUALLY BUT INEXORABLY.

AND FINALLY, I WAS QUITE WELL KNOWN IN THIS COUNTRY AND OVERSEAS AS AN OUTSPOKEN OPPONENT OF ABORTION. I HAD PUBLISHED BOOKS AND ARTICLES ON THE SUBJECT. I HAD EVEN MADE A FILM ABOUT IT. NO ONE COULD ACCUSE ME OF WAFFLING ON THIS ISSUE. MANY PEOPLE AGREE WITH MY POSITION, WHILE MANY OTHERS DO NOT. BUT NEITHER SIDE CAN SAY THEY ARE UNCLEAR AS TO WHERE I STAND.

WHAT HAPPENS WHEN A PERSON WITH STRONG, CONTROVERSIAL, AND PUBLICLY ADVERTISED IDEAS ENTERS GOVERNMENT? MUST YOU DEPOSIT YOUR RELIGIOUS BELIEFS IN A BLIND TRUST? SHOULD YOU DONATE YOUR SYSTEM OF MORAL VALUES TO A NONSECTARIAN CHARITY? BEFORE YOU MOVE TO WASHINGTON, SHOULD YOU PACK AWAY YOUR STANDARDS FOR ETHICAL CONDUCT IN THE ATTIC TRUNK?

I SAY, "NONE OF THE ABOVE."

I TRULY BELIEVE THAT THE BEST APPROACH YOU CAN MAKE TO PUBLIC SERVICE IS TO GIVE IT EVERYTHING YOU HAVE OF JUST WHAT IT IS THAT YOU DO HAVE...TO DRAW TO THE FULLEST EXTENT FROM YOUR STOREHOUSE OF KNOWLEDGE AND PERSONAL LIFE EXPERIENCE...TO SQUEEZE OUT EVERY OUNCE OF GOOD JUDGMENT, OF DEEP FELLOW FEELING, AND OF LOVE OF COUNTRY. IN OTHER WORDS, TO BE THE VERY BEST PERSON YOU KNOW HOW TO BE, WHICH IS THE SAME AS BEING THE VERY BEST CITIZEN YOU KNOW HOW TO BE.

SINCE NOVEMBER 1981, WHEN I WAS SWORN INTO MY POSITION, A NUMBER OF OPPORTUNITIES HAVE COME MY WAY THAT HAVE TESTED MY OWN ABILITY TO APPLY THE STUFF OF WHO AND WHAT I AM TO THE PUBLIC BUSINESS. FOR SOME OF THOSE OPPORTUNITIES I WAS NOT QUICK ENOUGH OR SURE ENOUGH TO SEIZE THEM AS THEY WENT BY. BUT WITH OTHERS I WAS MORE SWIFT AND MORE FORTUNATE. I HAVE LEARNED THAT, WHEN AN IDEA'S TIME HAS COME -- AND IT IS ON YOUR WATCH -- YOU MUST SEIZE THE MOMENT, YOU MUST MOVE TO DEVELOP IT.

LET ME GO BACK, FOR EXAMPLE, TO THE SUMMER OF 1981 AND RECALL THE BECKETT FAMILY OF CEDAR RAPIDS, IOWA, WHO HAD BECOME ALL CAUGHT UP IN A WEB OF GOVERNMENT RED TAPE. THEIR 3-YEAR-OLD DAUGHTER, KATIE BECKETT, WAS STILL IN THE HOSPITAL, WHERE SHE HAD BEEN FOR THE PAST YEAR AND A HALF, RECOVERING FROM A SERIOUS CASE OF VIRAL ENCEPHALITIS.

IN THE HOSPITAL SHE WAS MAINTAINED ON RESPIRATOR THERAPY AROUND THE CLOCK. SUCH CARE WAS COSTING \$12,000 A MONTH. AND YOU COULD ADD TO THAT THE COSTS OF THE BECKETT FAMILY GOING TO AND FROM THE HOSPITAL TO SEE THEIR DAUGHTER IN ORDER TO KEEP THE BOND OF LOVE STRONG BETWEEN THEM.

THEY WANTED TO TAKE HER HOME, BUT IF THEY DID, THEY WOULD HAVE FORFEITED THE GOVERNMENT'S MEDICAID PAYMENT OF \$12,000 A MONTH FOR KATIE'S TREATMENT.

BUT THEY WERE ON THE RIGHT TRACK, BECAUSE IF KATIE WENT HOME, THE COST OF CARE WOULD THEN DROP TO ONLY \$2,000 A MONTH. THE GOVERNMENT WOULD SAVE \$10,000 A MONTH AND, MOST IMPORTANT OF ALL, KATIE BECKETT WOULD BE BACK ONCE AGAIN IN THE FULL-TIME CARE OF HER OWN FAMILY.

BUT SHE COULDN'T GO HOME. THE MEDICAID REGULATIONS PREVENTED IT. THE FAMILY WOULD NEED A WAIVER -- AND ONE HAD ALREADY BEEN DENIED.

THE BECKETTS APPEALED TO THEIR CONGRESSMAN, REP. THOMAS TAUKE, WHO, IN TURN, ASKED VICE PRESIDENT GEORGE BUSH FOR AN OPINION. THE VICE PRESIDENT MENTIONED THE SITUATION TO PRESIDENT REAGAN. AND THE PRESIDENT, DURING A NOVEMBER 1981 PRESS CONFERENCE, USED THE EXAMPLE OF KATIE BECKETT TO ILLUSTRATE HIS DISATISFACTION WITH THE WAY THE GOVERNMENT WAS CARRYING OUT SOME OF ITS RESPONSIBILITIES.

THE PRESIDENT TOLD MR. RICHARD SCHWEIKER, AT THAT TIME THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO LOOK INTO THE MATTER AND STRAIGHTEN IT OUT. THE MESSAGE WAS PRETTY CLEAR: "DON'T COME BACK AND TELL ME WHY KATIE BECKETT CAN'T GO HOME. COME BACK AND TELL ME SHE'S GOING HOME AND OTHER CHILDREN IN THE SAME PREDICAMENT WILL BE ABLE TO GO HOME, TOO."

IT SO HAPPENS THAT, OF ALL THE PEOPLE IMMEDIATELY AVAILABLE TO SECRETARY SCHWEIKER, I WAS THE ONE WHO PROBABLY BEST UNDERSTOOD THE MEDICAL SIDE OF THE CASE AS WELL AS THE HUMAN SIDE. AND SO HE TURNED TO ME.

UP TO THAT TIME, I HAD SPENT MY PROFESSIONAL LIFE AS A PEDIATRIC SURGEON, REPAIRING BABIES AND SMALL CHILDREN WHO HAD SOMEHOW BEGUN LIFE'S JOURNEY WITH A PHYSICAL DISABILITY. I KNEW THAT MOST OF THEM COULD BE CORRECTED, SOONER OR EVENTUALLY...AND I KNEW THAT THE BEST "MEDICINE" AVAILABLE WAS THE LOVE THAT IS DISPENSED BY PARENTS WHO REALLY CARE ABOUT THEIR CHILDREN...PEOPLE LIKE THE BECKETTS OF CEDAR RAPIDS, IOWA.

IN FACT, DURING THE TIME I PRACTICED PEDIATRIC SURGERY IN PHILADELPHIA, I HAD BEEN SUCCESSFUL IN GETTING 17 CHILDREN -- 17 "KATIE BECKETTS" -- OUT OF THE HOSPITAL AND BACK TO THEIR OWN HOMES, REDUCING THE CHANCES OF NOSOCOMIAL, OR HOSPITAL-INDUCED, INFECTION... INCREASING THE QUOTIENT OF LOVE AND ATTENTION AVAILABLE TO THEM EVERY DAY...AND BRINGING DOWN THE COSTS OF CARE FROM ABOUT \$1,000 A DAY TO \$400 A WEEK. SO I KNEW THE PRESIDENT WAS ON THE RIGHT TRACK. WHAT HE

WANTED DONE COULD, IN FACT, BE DONE.

FURTHERMORE, I HAD THE DEEP CONVICTION THEN -- AND I STILL HAVE IT NOW -- THAT THE LAWS OF OUR COUNTRY WERE WRITTEN TO LIBERATE INNOCENT PEOPLE FROM THE VAGARIES OF NATURE AND SOCIETY. THEY WERE MEANT TO FREE INDIVIDUALS, NOT TO ENCUMBER THEM. AND SO WE SET TO WORK.

THE RESULTS HAVE BEEN VERY GRATIFYING. FIRST, THE SECRETARY GRANTED A WAIVER TO KATIE BECKETT, ALLOWING HER TO GO HOME WITHOUT ANY LOSS OF MEDICAID BENEFITS. AND AT THAT POINT THE GOVERNMENT BEGAN TO SAVE ABOUT \$10,000 A MONTH ON THIS ONE CASE ALONE.

NEXT, I WAS INSTRUCTED TO SET UP SOME KIND OF BOARD OF REVIEW SO THAT PEOPLE LIKE THE BECKETT FAMILY COULD BE GIVEN A FAIR HEARING AT THE HIGHEST LEVELS OF GOVERNMENT BEFORE OFFICIALS WHO WOULD HAVE A VESTED INTEREST IN DOING THE RIGHT THING, RATHER THAN IN MAINTAINING AN AIRTIGHT PROGRAM OF REGULATORY ENFORCEMENT.

THE BOARD HAS A LONG OFFICIAL NAME, BUT IT IS MOST COMMONLY KNOWN AS "THE KATIE BECKETT REVIEW BOARD."

WE WERE IN OPERATION BY APRIL OF 1982. SINCE THEN, THE LIFE OF THE BOARD HAS BEEN EXTENDED TWICE. THE MOST RECENT EXTENSION WAS GIVEN JUST THIS PAST DECEMBER, WHEN SECRETARY HECKLER -- WHO IS JUST AS COMMITTED TO THIS PROCEDURE AS HER PREDECESSOR WAS -- AUTHORIZED THE BOARD TO CONTINUE FOR ANOTHER YEAR, TO DECEMBER 1984.

BY THAT TIME, I HOPE THE REGULATIONS MAY BE CHANGED ENOUGH SO AS TO RENDER THIS SPECIAL PROCEDURE NO LONGER NECESSARY.

THERE ARE THREE OF US ON THE "KATIE BECKETT REVIEW BOARD." DURING THE 26 MONTHS WE'VE BEEN ON IT, WE'VE REVIEWED 145 CASES AND HAVE GIVEN WAIVERS TO 73. WE KNOW THOSE 73 PEOPLE ARE GETTING BETTER TREATMENT AT LESS COST, THAN IF THERE HAD BEEN NO SUCH ROUTE OF APPEAL. MOST OF THE REJECTED WAIVERS LACKED COMPLETE INFORMATION. OF COURSE, THEY CAN BE RE-SUBMITTED.

BUT MORE HAS COME OUT OF THAT EXPERIENCE. IT HAD BEEN MY FEELING THAT THIS KIND OF EXPERIENCE OUGHT TO BE UNDERSTOOD AND REPLICATED BY MANY OTHER PEOPLE, SO I CONVENED A "SURGEON GENERAL'S WORKSHOP ON HANDICAPPED CHILDREN AND THEIR FAMILIES." I CHOSE VENTILATOR-DEPENDENT CHILDREN AS AN EXAMPLE BECAUSE HOME CARE FOR THESE YOUNGSTERS IS THE MOST COMPLEX -- AND THE PRICE TAG IN THE HOSPITAL IS THE HIGHEST PER DIEM. IN OTHER WORDS, IF WE CAN SOLVE THE CHALLENGE OF THE VENTILATOR-DEPENDENT CHILD, WE CAN DO JUST ABOUT ANYTHING FOR DISABLED CHILDREN.

OUT OF THAT CONFERENCE HAS COME A BOOK FOR THE MEDICAL PROFESSION THAT CLARIFIES THE ISSUES AND SPELLS OUT ALL THE ALTERNATIVES OF CARE...EMPHASIZING, OF COURSE, THE HOME-CARE ALTERNATIVE.

THIS FIRST CONFERENCE HAS BEEN FOLLOWED BY A SERIES OF REGIONAL CONFERENCES, SINCE MANY OF THE HEALTH AND SERVICE PERSONNEL IN THIS FIELD DO NOT HAVE THE LUXURY OF TRAVELING ALL AROUND THE COUNTRY TO NATIONAL MEETINGS. BUT WE CAN BRING THE MEETINGS CLOSER TO THEM.

WE'VE ALSO HAD A BURST OF INTEREST AMONG MANY PRIVATE GROUPS, SUCH AS THE AMERICAN ASSOCIATION OF RESPIRATORY THERAPISTS, THE MARCH OF DIMES BIRTH DEFECTS FOUNDATION, THE AMERICAN COALITION OF CITIZENS WITH DISABILITIES, AND THE AMERICAN LUNG ASSOCIATION, TO MENTION JUST A FEW. IN THE PRIVATE, FOR-PROFIT SECTOR, THERE IS ADDITIONAL INTEREST, FROM WHICH WE MAY SOON BE GETTING SMALLER, MORE SOPHISTICATED, MORE MANAGEABLE, AND YET POSSIBLY MORE AFFORDABLE EQUIPMENT FOR HOME VENTILATION THERAPY.

THIS "KATIE BECKETT EXPERIENCE" HAS CERTAINLY BEEN AMONG THE MOST SATISFYING OF MY LIMITED TIME SO FAR IN WASHINGTON. I HAVE HAD THE PRIVILEGE OF DRAWING UPON MY OWN PREDILECTIONS AND SEEING, AS A RESULT, THE LARGE AND USUALLY SLUGGISH BUREAUCRACY MOVE IN A FORWARD DIRECTION. BUT NOT EVERY PROBLEM CAN GET SUCH A RELATIVELY NEAT SOLUTION.

MY NEXT EXAMPLE INVOLVES THE VERY DIFFICULT PROBLEM OF ORGAN TRANSPLANTATION. ALTHOUGH THIS ISSUE HAD BEEN PERCOLATING IN WASHINGTON FOR QUITE SOME TIME, IT CAME TO THE FULL ATTENTION OF THE PUBLIC ONCE AGAIN WITH THE HELP OF THE PRESIDENT.

YOU MAY REMEMBER THE SEQUENCE OF EVENTS. A SMALL CHILD NEEDED A LIVER. THE FAMILY WAS DESPARATE. WITHOUT A NEW LIVER THE CHILD WOULD DIE. THE PRESIDENT FOUND OUT WHERE A LIVER WOULD BE AVAILABLE AND WHERE THE SURGERY COULD BE PERFORMED. HE DISPATCHED A GOVERNMENT PLANE TO CARRY THE CHILD FROM ITS HOME TO THE HOSPITAL IN ANOTHER STATE.

THIS WAS TO BE AN INFINITELY MORE COMPLICATED PROBLEM THAN THE ONE INVOLVING KATIE BECKETT. KATIE NEEDED RESPIRATOR EQUIPMENT. ANOTHER PIECE OF EQUIPMENT CAN ALWAYS BE MANUFACTURED AS NEEDED OR MANUFACTURED AND STORED IN A WAREHOUSE UNTIL IT'S NEEDED. BUT THAT'S NOT THE CASE AT ALL WITH MOST HUMAN ORGANS.

WE CAN'T REPLICATE THEM. AND THE ONES THAT ARE SOMEHOW RETRIEVED FROM CADAVERS HAVE TO BE TAKEN QUICKLY AND IMMEDIATELY TRANSFERRED TO THE NEW HOST. THEY CAN'T BE PUT INTO A DEEP FREEZE AND THEN THAWED WHEN NEEDED. AND YOU CAN'T TRANSPORT LIVERS AND LUNGS AND HEARTS FOR LONG DISTANCES EITHER.

I WAS FAMILIAR WITH THIS ISSUE, SINCE I HAD PERFORMED COUNTLESS PROCEDURES ON CHILDREN WITH BILIARY ATRESIA, WHICH IS USUALLY THE CAUSE FOR LIVER FAILURE AND THE NEED FOR A TRANSPLANT. IN FACT, ONE OF THE FIRST APPOINTMENTS I HAD ON MY CALENDAR, AFTER COMING TO WASHINGTON, WAS WITH THE CHILDREN'S LIVER FOUNDATION.

I ALSO TALKED WITH THE PEOPLE AT N.I.H. WHO RUN THE "CONSENSUS DEVELOPMENT CONFERENCES" AND STRONGLY ENCOURAGED THEM TO PUT ON SUCH A CONFERENCE ON THE WHOLE PROBLEM OF LIVER TRANSPLANTATION. AND THEY DID.

THE PRESIDENT'S INSTINCTIVE INTERVENTION HIGHLIGHTED THE DILEMMA OF CHOICE: "WHO SHALL GET A LIVER AND WHO SHALL NOT?" IN OTHER WORDS, "WHO SHALL LIVE AND WHO SHALL DIE?"

THE FAMILY MENTIONED BY THE PRESIDENT HAD CHOSEN TO STEP OUTSIDE THE CLUMSY BUT GENERALLY ACCEPTED FRAMEWORK OF HELP. THEY WERE NOT WILLING TO WAIT THEIR TURN FOR AN AVAILABLE LIVER FOR THEIR DYING CHILD AND YOU CAN'T BLAME THEM. HOWEVER, THERE WAS QUITE A BIT OF PUBLIC COMMENT AFTER THIS AND I WAS ASKED TO LOOK INTO IT.

ONCE AGAIN, I CONVENED A GROUP OF EXPERTS IN ORGAN TRANSPLANTATION TO SEE IF WE COULD IMPOSE SOME ORDER ON WHAT COULD HAVE BECOME CHAOS AND GREAT HUMAN TRAGEDY. WE MET IN A SMALL TOWN IN VIRGINIA, AWAY FROM WASHINGTON. AFTER SEVERAL DAYS, WE CAME AWAY WITH GOOD RESULTS.

FIRST AND MOST IMPORTANT, WE AGREED THAT THE PRIVATE SECTOR ALREADY HAD THE WHEREWITHAL TO ASSUME LEADERSHIP IN THIS SITUATION. A NUMBER OF PRIVATE ORGANIZATIONS WERE ALREADY OPERATING ON A REGIONAL BASIS AND SEVERAL NATIONAL ADVOCACY GROUPS WERE INCREASING THEIR EFFECTIVENESS AS REPRESENTATIVES OF THE PATIENTS -- THE ONES NEEDING A TRANSPLANTED ORGAN -- AND THEIR FAMILIES.

I MADE -- AND KEPT -- A NUMBER OF PROMISES AT THE CLOSE OF THAT CONFERENCE. THEN, AFTER 3 MONTHS OF HARD WORK BY MANY PEOPLE, I CONVENED THE SECOND "SURGEON GENERAL'S CONFERENCE ON ORGAN TRANSPLANTATION." OUT OF THAT HAS COME THE FORMATION OF THE AMERICAN COUNCIL ON TRANSPLANTATION, A KIND OF UMBRELLA ORGANIZATION FOR ALL GROUPS -- BOTH PUBLIC AND PRIVATE -- WHO ARE INVOLVED IN THIS ISSUE.

THE AMERICAN COUNCIL, IN TURN, IS ADDRESSING SUCH ISSUES AS THE AVAILABILITY OF ORGANS, THE MORAL AND ETHICAL ISSUES INVOLVED WITH THE QUEUE OF WAITING PATIENTS, THE RESEARCH THAT HAS YET TO BE ACCOMPLISHED, THE LEGAL ISSUES THAT MUST BE RESOLVED, THE ROLE OF THE MEDIA IN TELLING THE TRUE STORY TO THE PUBLIC, AND SO ON.

THERE IS NO CLEAN END TO THIS STORY, SUCH AS THE CREATION OF A BOARD OF REVIEW THAT GIVES THE FINAL ANSWERS TO ALL THE REQUESTS FOR ORGANS. BUT WHAT WE HAVE DONE IS BEGIN THE FRAMEWORK WITHIN WHICH OUR SOCIETY CAN SLOWLY WORK OUT ITS ANSWERS TO THE MORALLY AS WELL AS MEDICALLY SENSITIVE ISSUES BEING POSED.

MY LAST EXAMPLE IS ONE FOR WHICH WE STILL HAVE NO CONCLUSION. IT INVOLVES AN UNKNOWN INFANT WHO, FOR ITS BRIEF LIFE, HAD BEEN KNOWN ONLY AS "BABY DOE."

THE ISSUES RAISED BY "BABY DOE" ARE UNLIKE THE ONES POSED BY KATIE BECKETT. WE CAN'T RESOLVE THEM WITH A "BABY DOE BOARD," FOR EXAMPLE. NOR ARE WE LIKELY TO END UP WITH A NATIONAL ORGANIZATION FROM THE PRIVATE SECTOR THAT IS COMMITTED TO SOLVING EVERY "BABY DOE" PROBLEM AS SOON AS IT APPEARS, AS WE SEEM TO HAVE ACHIEVED WITH THE ISSUE OF ORGAN TRANSPLANTATION.

WITH THE CASE OF "BABY DOE," THE GOVERNMENT IS STILL VERY MUCH IN THE MIDDLE. I HAD HOPED THAT MY COLLEAGUES IN MEDICINE MIGHT HAVE PLAYED A MORE POSITIVE ROLE IN THIS MATTER, BUT INSTEAD THEY HAVE PULLED US INTO LONG AND DIFFICULT DISCUSSIONS BOTH IN AND OUT OF THE COURTS.

THIS WAS ANOTHER ISSUE IN WHICH MY LONG EXPERIENCE WITH NEONATAL SURGERY PLACED ME AMONG THE FIRST PEOPLE TO BE ASKED FOR AN OPINION ABOUT THE TREATMENT GIVEN "BABY DOE."

"BABY DOE" HAD AN ESOPHAGEAL OBSTRUCTION READILY CORRECTIBLE BY SURGERY WITH A HIGH RATE OF SUCCESS. THAT BABY ALSO HAD DOWN SYNDROME.

AN ATTENDING PEDIATRICIAN SAID THE INFANT WOULD BE SEVERELY RETARDED. IN MY OPINION, THE PEDIATRICIAN COULD NOT HAVE KNOWN THAT.

A SURGEON SAID THE OPERATIVE MORTALITY RATE WAS 50 PERCENT. I WOULD HAVE TO SAY THAT THE SURGEON WAS MISTAKEN.

BUT THE SUPREME COURT OF INDIANA RULED -- FOR THE FIRST TIME -- THAT PARENTS HAD THE RIGHT TO WITHHOLD FOOD AND FLUIDS FROM THEIR CHILD SO THAT IT MIGHT DIE.

FOUR DAYS LATER, DEATH CAME TO "BABY DOE" IN THE HOSPITAL IN BLOOMINGTON, INDIANA, WHERE THE CHILD HAD BEEN BORN.

THE SITUATION WAS NOT PLEASANT. IN ADDITION, IT WAS SOMETHING OF A NEW EXPERIENCE. IN ALL MY YEARS AS A NEONATAL AND PEDIATRIC SURGEON, IT HAD BEEN MY CUSTOM TO SIT DOWN WITH THE PARENTS OF A DISABLED INFANT AND TALK THE PROBLEMS THROUGH WITH THEM...HOW SERIOUS WAS THE PROBLEM...WHAT WAS THE PROGNOSIS...AND HOW WE MIGHT SUPPORT THE FAMILY AND CHILD WITH PROFESSIONAL, HOSPITAL, AND COMMUNITY SERVICES.

I MADE IT A POINT TO TRY TO PLACE AS MUCH COINFIDENCE IN THEIR ABILITY AS PARENTS AS I WANTED THEM TO PLACE IN ME AS THEIR DOCTOR.

BUT EVEN WITH THIS KIND OF CLOSE PARTNERSHIP, AND EVEN WITH THE BEST OF MEDICAL ATTENTION, SOME BABIES WILL DIE. THEY MIGHT NOT SURVIVE MORE THAN A WEEK OR TWO, AT THE MOST.

BUT DURING THAT TIME WE WOULD PROVIDE THE BABY WITH NOURISHMENT AND DO WHAT WE COULD TO MAKE IT COMFORTABLE -- KNOWING FULL WELL, BY THE WAY, THAT WE REALLY HAD VERY LITTLE IDEA OF WHAT THE WORD "COMFORT" MEANS TO AN INFANT THAT IS WITHOUT A BRAIN OR MUCH OF A CENTRAL NERVOUS SYSTEM.

I HAVE NEVER BEEN THE KIND OF DOCTOR THAT WANTED TO PROLONG LIFE "AT ALL COSTS." I HAVE NEVER INDULGED IN HEROIC MEASURES THAT WOULD ONLY SERVE TO FURTHER DISABLE AN INFANT AND EXTEND THE AGONY OF ITS PARENTS. I UNDERSTAND THE DIFFERENCE BETWEEN LETTING A BABY LIVE OUT ALL THE LIFE TO WHICH IT IS ENTITLED, AND MERELY PROLONGING THE ACT OF DYING.

ON THE OTHER HAND, I HAVE PERFORMED TOO MANY PROCEDURES ON CHILDREN, REPAIRING THEM AND SENDING THEM HOME TO PARENTS WHO LOVED THEM AND RAISED THEM. THESE FAMILIES LIVE OUT THEIR LIVES WITH THE KIND OF DIGNITY AND HUMANITY THAT CAN MAKE YOU VERY, VERY PROUD OF BEING A CARD-CARRYING MEMBER OF THE SAME HUMAN RACE.

MY VIEWS ABOUT SAVING AND NURTURING DISABLED INFANTS WERE FAIRLY WELL KNOWN. HENCE, FOR THAT REASON AND FOR THE FACT THAT I WAS ON THE PUBLIC'S PAYROLL, I HAD AN OBLIGATION TO ANSWER THE "BABY DOE" QUESTIONS AS THEY CAME UP.

I ANSWERED THEM IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. I OFFERED ANSWERS AT THE WHITE HOUSE. I ANSWERED QUESTIONS PUT TO ME BY MEMBERS OF THE CONGRESS. AND I ANSWERED THE QUESTIONS RAISED BY MY OWN COLLEAGUES IN MEDICINE.

IN MANY RESPECTS, THE QUESTIONS PUT TO ME BY MY COLLEAGUES WERE THE MOST DIFFICULT TO HANDLE, SINCE I EXPECTED MUCH MORE HELP AND UNDERSTANDING FROM THE PHYSICIANS OF THIS COUNTRY. THAT I DID NOT RECEIVE IT IS, I CAN TELL YOU, ONE OF THE GREAT DISAPPOINTMENTS OF MY THREE YEARS AS SURGEON GENERAL.

I HAD BEEN "OUT THERE," AS EXPERIENCED AS ANY IN THE MANAGEMENT OF POTENTIAL "BABY DOES." AND I HAD EXPECTED PROFESSIONAL ADVOCATES FOR CHILDREN TO BE MORE SENSATIVE TO THE TO THE THREATS POSED TO IMPAIRED INFANTS.

IN APRIL OF 1982, WHEN THE "BABY DOE" ISSUE BROKE INTO THE PUBLIC CONSCIOUSNESS, I WAS AMONG THOSE WHO FELT THAT SUCH A CHILD DESERVED THE PROTECTION OF ITS GOVERNMENT. YES, "OF ITS GOVERNMENT," BECAUSE THE CONSTITUTION DOES NOT STIPULATE ANY MINIMUM AGE FOR BEING AN A NATIVE-BORN AMERICAN.

IN OTHER WORDS, AN AMERICAN-BORN CHILD DOES NOT HAVE TO REMAIN IN THE UNITED STATES FOR TWO WEEKS OR A MONTH OR EVEN FOR ONE HOUR IN ORDER TO QUALIFY -- 35 YEARS LATER -- TO RUN FOR THE PRESIDENCY. THE CHILD MERELY HAS TO BE "BORN" AS AN AMERICAN.

I DON'T FIND THAT DIFFICULT TO UNDERSTAND. I NEVER DID. AND, FOLLOWING THE SAME LOGIC, I BELIEVE THAT A CHILD, WHO IS PUT AT RISK FOR WHATEVER REASON BY A PARENT, A GUARDIAN, A PHYSICIAN, OR BY WHOMEVER -- I BELIEVE THAT CHILD IS A CITIZEN AND DESERVES TO BE GIVEN THE PROTECTION OF THE STATE.

AND THE LAW WAS AT HAND. IT IS SECTION 504 OF THE REHABILITATION ACT OF 1973, WHICH FORBIDS ANYONE WHO RECEIVES FEDERAL FUNDS "FROM WITHHOLDING FROM HANDICAPPED PERSONS, SIMPLY BECAUSE THEY ARE HANDICAPPED, ANY BENEFIT OR SERVICE THAT WOULD ORDINARILY BE PROVIDED TO PERSONS WITHOUT HANDICAPS."

OUR FIRST REGULATION TO THAT EFFECT WAS AN INTERIM FINAL RULE WITHOUT A COMMENT PERIOD. IT WAS STRUCK DOWN BY JUDGE GESELL. OUR SECOND ONE WAS BETTER AND IT ATTRACTED 17,000 COMMENTS. BY THE WAY, I HAD NO ROLE IN THE DRAFTING OF THIS SECOND, REVISED VERSION. BUT THAT WAS OF LITTLE COMFORT BECAUSE, UNTIL THE END OF THE COMMENT PERIOD LAST SEPTEMBER, I TOOK ALL THE HEAT POSSIBLE AS THE ADMINISTRATION'S SPOKESMAN FOR "BABY DOE."

THE REGULATIONS HAD SOME FLAWS THAT I WAS WILLING TO IRON OUT IN NEGOTIATIONS WITH MY COLLEAGUES, PARTICULARLY THE AMERICAN ACADEMY OF PEDIATRICS, WHICH HAD BROUGHT AND WON THE FIRST SUIT TO STOP THE REGULATIONS. A FINAL RULE...PROTECTIVE OF CHILDREN...CONDUCTIVE TO BETTER PATIENT CARE...AND NOT BURDENSOME TO THOSE WHO CARE FOR NEWBORNS...WAS PUBLISHED ON JANUARY 12.

BUT JUST THIS PAST MONDAY, THE AMERICAN MEDICAL ASSOCIATION WENT BACK TO COURT TO TRY AND ABROGATE OUR REVISED REGULATIONS THAT ARE NOW IN EFFECT.

AS AN OFFICER OF THE DEPARTMENT THAT IS BEING SUED, I AM CONSTRAINED FROM COMMENTING ANY FURTHER ON THIS CASE, EXCEPT TO SAY THAT I AM PROFOUNDLY SADDENED THAT IT HAS BEEN FILED.

NEXT MONTH WILL MARK THE SECOND YEAR THAT I HAVE BEEN INVOLVED IN THE "BABY DOE" ISSUE. I SUSPECT IT WILL REMAIN WITH ME THROUGHOUT THE TIME LEFT ON MY APPOINTMENT AS SURGEON GENERAL...THAT IS, THROUGH TO NOVEMBER OF 1985. AND IT MAY WELL BE THE KIND OF ISSUE THAT WILL BE ON THE DESK OF MY SUCCESSOR ON THE FIRST DAY THAT HE -- OR SHE -- REPORTS FOR DUTY.

BUT I WOULD HAVE IT NO OTHER WAY. AS I MENTIONED AT THE OUTSET, EACH OF US COMES TO PUBLIC OFFICE CARRYING ALL THE BAGGAGE OF OUR LIFETIMES. IT IS NOT POSSIBLE TO UNPACK THEM. IT WOULD BE FOLLY TO EVEN TRY.

IF THIS IS MORE OR LESS THE CASE WITH THE ISSUE OF "BABY DOE," IT IS DEFINITELY THE CASE WITH THE FINAL ISSUE I WILL MENTION TODAY, THE ISSUE OF ABORTION.

PRIOR TO JOINING THE FEDERAL GOVERNMENT, I HAD BEEN QUITE PROMINENT IN THE FIGHT AGAINST ABORTION. AT THIS POINT, I'M NOT GOING TO ENUMERATE ALL MY REASONS. THAT'S NOT WHY YOU INVITED ME. AND ANYWAY, THERE IS NO PROVISION FOR ANYONE TO PRESENT AN OPPOSING POINT OF VIEW.

INSTEAD, I WANT TO SHARE WITH YOU WHAT HAPPENS TO SOMEONE WHO ENTERS PUBLIC LIFE CARRYING STRONG, CONTROVERSIAL OPINIONS, SUCH AS THIS ONE.

FIRST OF ALL, I MUST TELL YOU I'VE NEVER BEEN "MUZZLED" FOR MY VIEWS. I HAVE HAD MANY OPPORTUNITIES TO SHARE THEM WITH AUDIENCES AROUND THE COUNTRY, WHEN I HAVE BEEN ASKED. BUT I MAKE IT ABSOLUTELY CLEAR THAT THESE VIEWS ARE MY OWN...THEY DO NOT REPRESENT THE OFFICIAL VIEWS OF THE GOVERNMENT OR OF THE PUBLIC HEALTH SERVICE.

I DID NOT AGREE WITH THE SUPREME COURT'S DECISION IN ROE v. WADE AND I STILL DON'T. BUT IT IS THE LAW OF THE LAND...A LAW WHICH I HAVE SWORN AN OATH TO UPHOLD.

A NUMBER OF MY FRIENDS IN THE "PRO-LIFE" COMMUNITY ARE VERY UNCOMFORTABLE WITH THAT. THEY WISH THAT I, BY VIRTUE OF BEING THE SURGEON GENERAL, WOULD SIMPLY SAY THAT ABORTION IS NO LONGER ALLOWED, SUPREME COURT OR NO SUPREME COURT. WELL, THAT'S NOT THE WAY OUR GOVERNMENT WORKS.

NEVERTHELESS, I DO NOT FEEL THAT MY VIEWS ARE IN ANY WAY A HANDICAP. QUITE THE REVERSE. I BELIEVE THAT I OUGHT TO DRAW UPON THAT INTELLECTUAL EXPERIENCE AS WELL, TO MAKE ME A BETTER PUBLIC SERVANT. AS A RESULT, I HAVE TAKEN A CLOSER LOOK AT THE WAY THE U.S. PUBLIC HEALTH SERVICE GATHERS ITS DATA CONCERNING ABORTION,

FOR EXAMPLE, I HAVE SUGGESTED TO THE STAFF AT THE CENTERS FOR DISEASE CONTROL THAT THE DATA THEY GATHER IN THE ABORTION SURVEILLANCE PROJECT ARE VERY POSSIBLY FLAWED. THE NUMBERS COME ONLY FROM THOSE HOSPITALS THAT PERFORM ABORTIONS. THE SUPREME COURT HAS EXEMPTED FREE-STANDING ABORTION CLINICS FROM HAVING TO REPORT THEIR DATA.

IT WAS MY FEELING THAT THE UNIVERSE FROM WHICH WE GATHER OUR DATA IS MUCH TOO LIMITED. AS A RESULT, WE SIMPLY HAVE NO IDEA OF THE TRUE EXTENT OF MORBIDITY OR MORTALITY AMONG WOMEN WHO HAVE HAD ABORTIONS.

IF WE DID THE BROADER KIND OF DATA-GATHERING THAT I WOULD PREFER, I'M NOT SURE WHAT THE RESULTS WOULD BE...WHETHER IT WOULD NECESSARILY STRENGTHEN OR WEAKEN THE STAND ON ABORTION OF SOMEONE LIKE MYSELF.

BUT AT THIS TIME, FOR ME IN MY ROLE AS THE SURGEON GENERAL, THAT'S NO LONGER THE ISSUE. RATHER, I BELIEVE THE ISSUE IS THE DEGREE TO WHICH WE, IN PUBLIC HEALTH, KNOW THE HEALTH STATUS OF WOMEN WHO HAVE HAD AN ABORTION AND WHETHER OR NOT THEY REQUIRE ADDITIONAL HEALTH OR MEDICAL CARE.

FRANKLY, I DON'T KNOW OF ANY OTHER AREA IN PUBLIC HEALTH WHERE SO MANY MILLIONS OF PEOPLE ARE INVOLVED, YET SO LITTLE INFORMATION IS GATHERED. HERE IS A PROCEDURE THAT IS PERFORMED MORE THAN 4,000 TIMES A DAY IN THIS COUNTRY -- FREQUENTLY ON MINORS, BY THE WAY, WHO HAVE NOT HAD TO GAIN THEIR PARENTS' PERMISSION -- AND WE DON'T KNOW VERY MUCH ABOUT HOW IT IS DONE OR ITS AFFECTS UPON THE HEALTH OF AMERICAN WOMEN. I THINK THAT IS A VERY TROUBLING SITUATION.

MY INTEREST IS BASED UPON INFORMATION WE'VE ALREADY BEEN GATHERING IN ANOTHER PUBLIC HEALTH AREA. IN THE COURSE OF OUR RESEARCH IN FAMILY VIOLENCE, FOR EXAMPLE, WE'VE COME UPON A GREAT DEAL OF INFORMATION FROM EMERGENCY ROOMS STAFFS, NURSES AND PHYSICIANS IN FAMILY CLINICS, PRIVATE PHYSICIANS, PSYCHOLOGISTS AND PSYCHIATRISTS, POLICE PERSONNEL, AND SOCIAL SERVICE AGENCIES.

BY CASTING THAT WIDE A NET, WE ARE ABLE TO GET A PICTURE OF THE EXTENT AND SERIOUSNESS OF DOMESTIC VIOLENCE AS A PUBLIC HEALTH ISSUE.

WE'VE DISCOVERED THAT WE CAN OBTAIN A MORE SUBSTANTIVE AND ACCURATE PICTURE OF DOMESTIC VIOLENCE IF WE, IN FACT, GO BEYOND POLICE AND HOSPITAL EMERGENCY ROOM RECORDS. FOR EXAMPLE, WE KNOW, FROM ANECDOTAL REPORTS FROM COMMUNITY HEALTH CENTERS THAT SOME WOMEN WHO HAVE HAD ABORTIONS GO THROUGH A PERIOD OF DRUG ABUSE OR ALCOHOLISM OR THEY MAY SUFFER SOME SEXUAL DYSFUNCTION.

THESE KINDS OF POST-ABORTION EXPERIENCES ARE NOT LIKELY TO SHOW UP IN THE REPORTS DRAWN FROM THE HOSPITALS IN THE C.D.C. SURVEILLANCE SYSTEM. THAT'S NOT HARD TO UNDERSTAND. BUT IT'S REASONABLE TO THINK THEY ARE BEING RECORDED SOMEPLACE ELSE. BUT WHERE? HENCE, IF WE ARE TRULY CONCERNED ABOUT WOMEN'S HEALTH, WE NEED TO DO A FAR BETTER JOB AT OBTAINING ALL THE PERTINENT FACTS OF THEIR HEALTH FROM AS MANY SOURCES AS POSSIBLE...THAT IS, TO GO FAR BEYOND WHAT IS THE CURRENT PRACTICE BY THE C.D.C. ABORTION SURVEILLANCE STAFF.

AS FOR THE IMPACT OF THIS INFORMATION ON THE ISSUE OF ABORTION, I WOULD ONLY SAY, "LET'S GET THE DATA AND LET THE CHIPS FALL WHERE THEY MAY."

ALL THESE THOUGHTS WERE INSPIRED BY THE FACT THAT, IN NOVEMBER, I PASSED THE HALFWAY MARK IN MY APPOINTED FOUR-YEAR TERM. AS I LOOKED BACK AT THE PREVIOUS TWO YEARS AND THEN TRIED TO PEER AHEAD TO THE NEXT TWO, I BECAME VERY AWARE OF HOW MUCH PROFESSIONAL AND PERSONAL EXPERIENCE...HOW MANY LESSONS HANDED DOWN TO ME FROM MY PARENTS AND GRANDPARENTS...AND HOW MANY ETHICAL AND MORAL CONCLUSIONS DRAWN FROM A LIFETIME OF RELIGIOUS AND BEHAVIORAL TRAINING THAT I HAVE CARRIED WITH ME INTO PUBLIC LIFE.

I COULD NOT HAVE GUESSED, WHEN I FIRST CAME TO WASHINGTON, JUST TO WHAT EXTENT I WOULD RELY ON MY OWN LIFE EXPERIENCES IN ORDER TO SERVE THE PUBLIC WELFARE. BUT I HAVE DISCOVERED THAT -- FOR BETTER OR FOR WORSE, AND I SINCERELY HOPE IT IS FOR THE BETTER -- I WILL DISCHARGE MY PUBLIC DUTIES MORE ACCORDING TO WHO I AM AND ALWAYS HAVE BEEN, RATHER THAN ACCORDING TO SOME IDEALIZED OR FANCIED VISION OF WHAT I SHOULD BE.

AGAIN, I WANT TO THANK PRESIDENT EDWARDS AND THE PEOPLE RESPONSIBLE FOR THE COLBERT LECTURE SERIES FOR GIVING ME THIS CHANCE TO THINK THROUGH -- WITH YOU -- WHAT THE PUBLIC SERVICE EXPERIENCE HAS BEEN FOR ME.

THANK YOU.

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